



The City of Harrisburg
Public Record Review / Duplication Request
please print legibly

Date of request: _____

Requestor's name: _____

Requestor's address: _____

Requestor's telephone: _____

I request ☐ review ☐ duplication of the following records with sufficient specificity to enable the City of Harrisburg to determine which records are being requested. Use additional sheets, if necessary.

Signature of requestor *(must sign)*

The request may be submitted in person, via e-mail, or by fax to:

Office of the City Solicitor
The City of Harrisburg
Rev. Dr. Martin Luther King Jr. City Government Center
10 North Second Street, Suite 402
Harrisburg, PA 17101

Michael Brownsweiger, Right-To-Know Designee
e-mail: mbrownsweiger@cityofhbg.com
Fax: 717.255.3056 • Phone: 717.255.3065

request number: _____
(assigned by The City of Harrisburg)